

**UNITED STATE DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

**CM/ECF
ATTORNEY REGISTRATION FORM**

This form shall be used to register for an account on the Court's Case Management/Electronic Case Filing System (CM/ECF) . Registered attorneys will have privileges both to electronically submit documents and to electronically view and retrieve documents electronically for all cases in which they participate.

Last Name, First, Middle: _____

- ☐ Assistant US Attorney: ☐ Civil Division ☐ Criminal Division
☐ Deputy Federal Public Defender ☐ CJA Attorneys

Bar ID#: _____ State of Bar Membership _____ PACER ID#: _____

Firm Name: _____

Firm Address: _____

Firm City, State, Zip Code: _____

Phone Number: _____

Internet E-Mail Address: _____
Attorneys must have an e-mail address prior the training date

**Return completed form to: sched_train@cacd.uscourts.gov
Facsimile 213-894-1707**

For office use only

- ☐ Training Scheduled: _____
*Date**Time**Location*
- ☐ Login/Password created by: _____ *(documentation attached)*
Initials
- ☐ Notes: _____
